

Case Number:	CM15-0061710		
Date Assigned:	04/07/2015	Date of Injury:	10/14/2012
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female patient who sustained an industrial injury on 10/14/2012. Prior treatment to include physical therapy, epidural injections, and surgical intervention. A physical therapy visit dated 11/21/2012 reported subjective complaint of constant lower back pain that increases with bending. The assessment reported the patient tolerated therapy well with a decrease in pain and the patient stating "I feel better" after the exercise. She did undergo bilateral lumbar 3, 4 and 5 medial branch blocks under conscious sedation without complication. A primary treating office visit dated 09/03/2014 reported subjective complaints of back, neck pain that radiates downward into bilateral legs and is improved with medications. Current medications are pemelor, Ibuprophen, Nortriptyline, and Neurontin. The patient has a surgical history of right shoulder repair in 2013. The assessment showed lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy and complete rupture of rotator cuff. The plan of care involved: treating lumbosacral spondylosis without myelopathy, continue medications Gabapentin, Tramadol and recommending bilateral lumbar injections. She is to follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aqua therapy for the cervical and lumbar spine and the right shoulder (12 sessions):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22 and 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - pain, aquatherapy.

Decision rationale: The medical records indicate goals for aquatic therapy. ODG guidelines report "Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." Given the records do indicate specific goals of further aquatic therapy, the medical records do support medical necessity of aqua therapy treatment. The request is not medically necessary.

Cervical Epidural Steroid Injection C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - neck, ESI.

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such, the medical records do not support the use of ESI congruent with ODG guidelines. The request is not medically necessary.

TENS unit (continued use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: MTUS guidelines support TENS for treatment of pain and continued use where there is documentation of pain and functional benefit. The medical records do not report benefit of the TENS unit by the insured with daily use or indicate pain and function are better.

As such the medical records do support continued use of the TENS unit congruent with MTUS guidelines. The request is not medically necessary.